

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 30 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008353

1. Entity Name
TECHNOFORD, LLC

Principal Place of Business Mailing Address
11900 BISCAYNE BLVD., SUITE 802 11900 BISCAYNE BLVD., SUITE 802
MIAMI FL 33181 MIAMI FL 33181-2726

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. # 801 Suite, Apt. #, etc. # 801

City & State City & State

Zip Country Zip Country

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, LEON J
BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
100 SOUTHEAST SECOND STREET, SUITE 3500
MIAMI FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CYTRYNBAUM, MARIO
STREET ADDRESS 11900 BISCAYNE BLVD., SUITE 802
CITY- ST- ZIP MIAMI FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME BURMAN, JAN
STREET ADDRESS 6851 JERICHO TURNPIKE, SUITE 250
CITY- ST- ZIP SYOSSET NY 11791

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME SIMKINS, LEON
STREET ADDRESS 11900 BISCAYNE BLVD., SUITE 802
CITY- ST- ZIP MIAMI FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)